

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEES

IN UNITED STATES ☐ MAGISTRATE ☒ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

IN THE CASE OF

UNITED STATES

V.S.

SCOTT

FOR

AT

LOCATION NUMBER



PERSON REPRESENTED (Show your full name)

RASHAUN SCOTT

- 1 ☒ Defendant—Adult
 2 ☐ Defendant - Juvenile
 3 ☐ Appellant
 4 ☐ Probation Violator
 5 ☐ Parole Violator
 6 ☐ Habeas Petitioner
 7 ☐ 2255 Petitioner
 8 ☐ Material Witness
 9 ☐ Other

DOCKET NUMBERS

Magistrate

District Court

04-10303RCL

Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box →)

☒ Felony

☐ Misdemeanor

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed
	Name and address of employer: <u>N/A</u>
	IF YES, how much do you earn per month? \$ <u>N/A</u> IF NO, give month and year of last employment How much did you earn per month? \$ _____
	If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>NOT MARRIED</u> IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES RECEIVED \$ _____ SOURCES _____
CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT VALUE _____ DESCRIPTION _____

DEPENDENTS	MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them
	<input checked="" type="checkbox"/> SINGLE	<u>1</u>	<u>DAUGHTER (2 YRS old)</u>
	<input type="checkbox"/> MARRIED		_____
	<input type="checkbox"/> WIDOWED		_____
	<input type="checkbox"/> SEPARATED OR DIVORCED		_____

OBLIGATIONS & DEBTS

DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME:	Creditors	Total Debt	Monthly Paymt.
	<u>IN CUSTODY FOR 1 YR</u>		\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

11-16-04

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)



Rashaun Scott